



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

MEKONG REGION

The U.S. Agency for International Development (USAID) is working vigorously in the Mekong Delta region to slow the spread of HIV and to mitigate the effects of HIV and AIDS on affected individuals and their societies. Through the Greater Mekong Initiative, USAID funds anti-HIV activities in the cross-border region of the Lao People's Democratic Republic (PDR), Thailand, and Vietnam, and to a lesser extent, in Burma and in China's Yunnan and Guangxi Provinces.

Injecting drug users and sex workers remain the most vulnerable groups for acquiring HIV in the region. Their partners—in particular the male clients of male, female, and transgender sex workers—serve as bridges of HIV transmission to the general population. HIV-infection levels in Asia were relatively stable until 1992, when several countries noted higher numbers of infections among injecting drug users and sex workers. Thailand was the first to report major infection levels early in the decade, but with an effective local response supported by decisive government action, the epidemic stabilized, and prevalence began to decline in the mid-1990s.

Burma

The Joint United Nations Programme on HIV/AIDS (UNAIDS) classifies Burma as one of Asia's HIV/AIDS epicenters. The epidemic in Burma has spread from vulnerable populations at high risk for infection, where it is still concentrated, to also affect the general population. With an estimated HIV/AIDS prevalence of 2 percent in the adult population, Burma ranks third among nations in the region hardest hit by the epidemic, behind Cambodia and Thailand. Decades of economic decline and high levels of military spending have contributed to low investments in health care and education. Poverty and population displacement contribute to increasing levels of risk behaviors that spread HIV.



Map of Mekong Region

Prevalence among injecting drug users ranges from 50 to 85 percent, depending on the region. Until 1993, condoms were outlawed, and overall usage remains low. Recent shifts in policy are aimed at encouraging condom use, particularly among commercial sex workers.

According to the Asian Harm Reduction Network and UNAIDS, Burma faces a number of challenges in confronting its HIV/AIDS epidemic. Ongoing HIV/AIDS assessments, surveillance, and

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voluntary counseling and testing of the population must receive continued support. At the same time, there is the need to expand risk-reduction programs for injecting drug users and to mitigate government penalties on injecting-drug-user and sex-worker populations so they can be reached with HIV/AIDS educational and prevention materials. Trafficking of women into the sex industry must be addressed, as this practice renders them vulnerable to HIV/AIDS. Substantial progress in the campaign against HIV/AIDS is possible only if there is political commitment to confront the epidemic and if social taboos against public discussion of HIV/AIDS-related issues are abandoned.

China

HIV/AIDS was first reported in China in 1985. While prevalence in adults is relatively low, some experts estimate that only about 5 percent of HIV/AIDS cases are detected. HIV has been reported in all provinces. An estimated 850,000 persons were living with HIV by the end of 2001. HIV prevalence data indicate a focused spread of infections among injecting drug users, blood products sellers, and sex workers. Men who have sex with men are also highly vulnerable to acquiring HIV infection. The highest levels of prevalence are found among injecting drug users, ranging from 44 percent to 85 percent in selected communities in Yunnan and Xinjiang Provinces.

Condom use is increasing in the commercial sex trade, but few communities of injecting drug users are addressed with effective HIV-prevention services. Official estimates show that between 2 and 8 million men in China practice male-male sex, but interventions targeting them barely exist. While knowledge of HIV transmission is growing, stigma and discrimination are great, and treatment, though planned, is not yet available.

Lao People's Democratic Republic

The first case of HIV was detected in the Lao PDR in 1990, and since then, HIV/AIDS has primarily affected sex workers and their clients, and at lower levels, mobile cross-border populations. Today, the majority of Laotians with HIV live near the borders with China and Thailand, and in the capital, Vientiane. Ninety-six percent of HIV infections reportedly occur through heterosexual contact, and indications are that women and men are equally at risk. Studies have revealed high levels of sexually transmitted infections, especially chlamydia, among sex workers. While opiate use is common, the prevalence of injecting drug use remains unclear.

Estimated number of people living with HIV/AIDS (end of 2001)	
Burma*	180,000–400,000
China	850,000
Lao PDR	1,400
Thailand†	750,000
Vietnam‡	160,000
Total population (2001)	
Burma	48,364 million
China	1,284,972 million
Lao PDR	5,403 million
Thailand	63,584 million
Vietnam	79,175 million
Adult HIV rate (end of 2001)	
Burma*	2.0%–3.5%
China	0.1%
Lao PDR	<0.1%
Thailand	1.8%
Vietnam	0.3%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	
Burma	43%
China	0%
Lao PDR	1.1%
Thailand	12.9%
Vietnam	23.4%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	
Burma	2.3%
China	0%
Lao PDR	0.4%
Thailand	1.6%
Vietnam	0.8%
* Official statistics are not available; estimates are based on limited surveys conducted by UNAIDS and other researchers.	
† Estimate (2004 Congressional Budget Justification for Thailand)	
‡ Estimate at the end of 2002 by Vietnam Ministry of Health	

Sources: UNAIDS, U.S. Census Bureau, USAID

A 2000 survey conducted by the Lao PDR Ministry of Health found that nearly 75 percent of female sex workers said they always used condoms when having sex with clients. Another survey found that two-thirds of police officers and soldiers, and three-quarters of truck drivers, said they always used condoms. Despite relatively low rates of HIV infection, the National Committee for the Control of AIDS reports significant domestic and cross-border population movements, which could lead to an increase in prevalence. The National Committee for the Control of AIDS is also concerned that the nation's transitional economy, major infrastructure development, and rapid regional integration will lead to an increase in HIV/AIDS, as they have in neighboring countries, in concert with greater consumerism, drug use, and commercial sex. In the border areas of the Mekong region, where the incidence of HIV/AIDS is high, low-fee commercial sex is readily available. A significant HIV epidemic would have a serious negative effect on development efforts in the Lao PDR.

Thailand

Thailand has achieved sustained reductions in new HIV infections based on strong local responses that were supported by the national government during most of the 1990s. Analysis reveals this reduction to be primarily based on a decrease in the proportion of men who pay for commercial sex and greater use of condoms by those who do. Concomitantly, however, there has been an increase in casual, noncommercial sex with lower levels of condom use. Prevalence of HIV among antenatal women has begun to diminish in most areas of Thailand, and infection of infants by HIV-positive mothers has been greatly diminished by the use of antiretrovirals for prophylaxis of mother-to-child transmission, and the provision of infant formula. But important vulnerable populations—injecting drug users, and migrant and mobile populations such as fishermen and men who have sex with men, including male sex workers—continue to have a high prevalence of HIV.

Thailand can expect about 25,000 to 30,000 new infections each year in the immediate future unless prevention receives more attention. With approximately 750,000 people living with HIV/AIDS, Thailand must devote significant resources to care, support, and treatment.

Vietnam

The HIV/AIDS epidemic in Vietnam has been focused in specific at-risk populations, namely, injecting drug users and female sex workers, with a modest extension into other populations at lower risk. The first case of HIV infection in Vietnam was identified in Ho Chi Minh City at the end of 1990. All 61 provinces had reported HIV infections by the end of 2001. The majority of reported HIV cases, 85 percent, occur in men. Because most testing of designated at-risk populations takes place in institutional facilities, surveillance data may be inadequate to clarify the predominate mode of transmission.

The World Health Organization estimates that more than 80 percent of HIV infections in Vietnam are unreported and most (77 percent) are sexually transmitted. The government has identified three localized epidemics. One is in the cities of southern and central Vietnam, including Ho Chi Minh City, Ba Ria-Vung Tau, Bien Hoa, and neighboring provinces. The second is primarily in the Cuu Long (Mekong) Delta provinces of An Giang and Can Tho. The third is in the north, including Hanoi, Quang Ninh, Hai Phong, and Hai Duong.

NATIONAL RESPONSES

Burma

The Government of Burma established a national AIDS committee in 1988, but aside from surveillance, few public education or intervention activities have been conducted until recently. In 2001, with increasing advocacy from United Nations (UN) organizations, the Burmese government officially recognized its HIV epidemic. A UN Joint Action Plan has been devised to reach injecting drug users, sex workers and their clients, and young people with condom promotion, harm-reduction interventions, and treatment for sexually transmitted infections. In a context with few government resources, bilateral and multilateral donors have joined in providing Burma with a vastly increased budget. International nongovernmental and national government organizations will be responsible for implementing these plans. An existing pilot program to reduce mother-to-child transmission is being expanded.

China

China has been slow to address the HIV epidemic, and until 2002, government officials had rejected the notion that HIV had reached epidemic proportions in China. A team of Chinese AIDS experts released a study in late 2002, asserting that rapid action by the government could spare 10 million people by 2010 and avert a major epidemic. In December 2002, the state media reported that the government would soon lift a ban on condom advertising, and the central government was mobilizing teams of college students to distribute free condoms. The government also maintained that it was fully committed to using the most effective means of delivering affordable drugs to individuals with AIDS as quickly as possible.

Even as China's leaders begin to address the HIV/AIDS problem, the situation in the countryside seems far removed, colored by fear and ignorance. In China's largest cities, where people have information on AIDS and some doctors are capable of treating it, most physicians lack appropriate drugs and supplies. Poor health service practices have resulted in transmission of HIV to thousands of poor rural peasants who regularly sell blood products. Local officials fear that acknowledging the problem amounts to an admission of complicity in its spread; thus, underreporting of HIV/AIDS has deprived the central government of reliable data. Prevention programs are nonexistent in many areas. Ongoing programs are stymied by social taboos against discussions about sex and by shame over the reemergence and ubiquity of commercial sex work and illegal drugs in a country that supposedly eliminated them decades ago. According to the government, there are about 6 million sex workers in China, but Western governments say the real number is probably closer to 20 million. Although data are scarce, most experts believe condoms are used in commercial sex less than one-third of the time.

Lao PDR

The long-term objectives of the Lao PDR National HIV/AIDS and Sexually Transmitted Infection Plan are to prevent further HIV transmission; reduce the effect of the disease on people whose HIV infection has progressed to AIDS; and minimize the negative social and economic consequences of HIV and AIDS for families, communities, provinces, and the country as a whole. The Lao government established the National AIDS Control Committee in 1998, consisting of representatives from ministries throughout the government. The committee oversees activities related to information dissemination, education, communication, counseling, training, and surveillance. The HIV/AIDS Trust, also established in 1998, uses the expertise of senior government and UN officials, and a donor representative to coordinate and mobilize resources, and to help manage the national AIDS program.

Thailand

Thailand's ability to address its HIV epidemic is probably greater than that of any other country in Southeast Asia. Although initially slow to react, the government ultimately responded with ample financial support, outside expertise, and training of numerous specialists in epidemiological and related social-science skills. Through the years, though, many of these trained professionals have moved into academia, where both salaries and status are higher than in AIDS work. Real success at reducing the number of new infections has led to a degree of complacency. Beginning with the 1997 economic downturn and subsequent slow recovery, financial and human resource investments in HIV prevention have been drastically reduced. With approximately 750,000 people living with HIV or AIDS at present, and enormous pressure to provide access to antiretroviral therapy, Thailand has dedicated most of its current AIDS budget to care and support for people infected with HIV and their families.

Thailand is devoting considerable resources from a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to the expansion of access to treatment. Emphasis on prevention among migrants and young people has also been planned. While programs to reduce mother-to-child transmission are now implemented countrywide, reduction in the spread of HIV/AIDS among injecting drug users and men who have sex with men has received less government attention; and interventions have not been developed to stem HIV infection from men to their wives.

Vietnam

The Government of Vietnam, which recognized HIV/AIDS in 1990, has acknowledged the HIV/AIDS problem and has shown considerable openness in addressing the epidemic. Provincial and district AIDS committees have been set up in each province, and they serve as focal points for planning and delivery of HIV/AIDS-related services. The government is now implementing a second national plan for HIV/AIDS prevention for the 2001–2005 period. The plan's long-term objectives are to reduce the spread of HIV, slow the progression of HIV to AIDS, and reduce the effects of HIV/AIDS on Vietnam's socioeconomic development. The plan consists of three specific strategies: provision of care and support for people living with HIV/AIDS; prevention of mother-to-child transmission; and formulation and management of feasible provincial projects. A legal strategy for the program now exists, comprehensive implementation plans are in place, and widespread basic knowledge of HIV/AIDS exists among the general population. HIV testing now occurs in all provinces, and blood screening for HIV is widely practiced. A sentinel surveillance system is operational, and a second-generation surveillance system is being developed.

USAID SUPPORT

In January 2004, a new USAID Mekong Regional Strategy was developed entitled “HIV/AIDS Strategic Plan for the Greater Mekong Region: FY 2003–2006.” The strategy:

- Includes region-wide and country-specific interventions
- Emphasizes prevention, especially among most vulnerable groups
- Puts a premium on cross-border studies and interventions
- Seeks to involve people living with HIV/AIDS in prevention, treatment, and care interventions
- Recognizes the importance of improving access to and use of strategic information, especially surveillance, monitoring and evaluation data
- Seeks to strengthen political commitment and leadership throughout the region
- Aims to strengthen capacity, not only in service delivery, but also among civil society in policy development and advocacy
- Proposes to identify, document, and support replication of successful interventions throughout the region
- Supports expanded access to voluntary counseling and testing, sexually transmitted infection treatment, condoms, and lubricants
- Encourages and facilitates South-to-South information-sharing and collaboration

To oversee these activities, USAID has opened a regional office for HIV/AIDS in Bangkok, with a direct-hire USAID officer as the program director, along with a staff of foreign-service nationals, contractors, and third-country nationals.

Funding decisions are made on the basis of consultations with governments, UN organizations, other donors, and affected communities to achieve maximum effectiveness and coverage.

ONGOING IMPLEMENTATION ACTIVITIES

Capacity building

The number of people living with HIV/AIDS who need care and support for themselves and their families is rising, and demand is expected to further increase as effective voluntary counseling, testing, and treatment services are developed and implemented. During the early years of the initiative, USAID is helping governments, and international and local organizations to adopt care and support activities that are focused and targeted. People living with HIV/AIDS and their families have a variety of medical, psychological, social, economic, human rights, and legal needs. A program of comprehensive attention—from home- and community-based care to institutional services—will ensure that specific needs are met as the infection progresses and personal needs evolve.

Safer sex

One of the primary objectives of the Mekong Initiative is to ensure that persons who engage in multiple-partner sex understand the risks and the means to avoid harm. Promotion of delayed sexual debut in young people and reduction in

the number of partners are important behavior change messages. Increased availability of affordable and branded male and female condoms with adequate instructions in appropriate languages is also essential. Sensitive and accurate promotional materials are to be developed based on adequate formative research to assure maximum program effectiveness. Materials will be distributed in traditional and nontraditional locales, such as pharmacies, general stores, kiosks, discos, bars, barbershops, hotels, and truck stops.

Cross-border issues

HIV/AIDS is not confined to national borders. The borders between Vietnam, the Lao PDR, and China are porous, as are those between Burma and China. Economic liberalization means that goods, services, and people are moving between neighboring countries. In some cases, border points are recording a higher incidence of HIV. In other cases, people migrate across borders from nearby poor districts, acquire HIV infection, and, when they return, serve as bridges of HIV transmission to their home districts, causing prevalence levels to rise.

Efforts to combat the epidemic in Thailand have been based on a strong primary health care system and well-organized public health surveillance and control. These methods will be shared with other countries in the region through study tours, technology, and skills-transfer opportunities.

Policy and advocacy

In many cases, structural impediments to effective HIV prevention and care are found at the national and local policy levels. Better policies require greater dialogue with decision makers, including the views of persons living with HIV and of vulnerable populations. USAID has invested in policy research, dissemination, and communications with policy makers to bring those perspectives into the decision-making process.

International and community-based organizations

Communities are often in the best position to care for their members who are infected and affected by HIV. Community mobilization is key to an appropriate and sustainable response because communities can play a crucial role in providing social support, home care, and comprehensive care for a growing number of those in need. With funding from USAID, international nongovernmental organizations have begun training local organizations' staff to better institute HIV prevention programs along the borders of Cambodia, China, and the Lao PDR. Their training will include information on how to promote condom use and behavior change, and improve case management of patients with sexually transmitted infections. Through USAID and the Centers for Disease Control and Prevention, the U.S. Government provides major financial and technical support for HIV/AIDS prevention activities in Vietnam through international nongovernmental organization partners. The USAID program provides approximately \$2 million per year for activities that include translation of HIV/AIDS materials, guidelines, and protocols into Vietnamese, and workshops to disseminate behavioral-surveillance survey findings.

Participation of people living with HIV/AIDS

Given the extent to which affected people in the region experience isolation and are subject to discrimination, opportunities still exist for them to act as educators and spokespersons for prevention and care. These opportunities will empower them and serve to destigmatize the disease by reducing the social distance between those infected and those not infected. Coming forward also helps to visibly demonstrate the range of people affected by the epidemic, thereby making the prevention messages of the government and its partners more relevant and meaningful. Experience and research have shown that comprehensive prevention and care programs that use a synergistic approach promote community acceptance of people living with HIV/AIDS.

Prevention of mother-to-child transmission

USAID is implementing mother-to-child transmission prevention activities in Burma and Thailand through nongovernmental organizations. As the HIV/AIDS pandemic matures and affects more women of reproductive age, mother-to-child transmission will become a source of many new infections in the region. In general, without prenatal HIV counseling, testing, and preventive therapy, between 25 and 35 percent of infants born to HIV-infected mothers will

contract the virus; HIV transmission may occur during pregnancy, during delivery, or following delivery through breastfeeding.

Stigma reduction

People with HIV or AIDS are forced to hide their status and usually do not receive proper education and care during any stage of the illness. This in turn strengthens the chain of transmission among those individuals and groups, and, through them, to the rest of the community. As national and local governments work to lessen stigma associated with HIV/AIDS, programs for HIV prevention will become more efficient, and service providers will be more readily received. Those at risk for infection will then be less afraid to seek services and more likely to hear and internalize prevention messages. Providing safe spaces and financial aid for support groups established and run by people living with HIV/AIDS is essential to any comprehensive program.

Surveillance

The quality of HIV sentinel surveillance systems varies across the region. Surveillance systems may be inadequate based on lack of resources and training, the absence of health and public policies, or poor data collection methodologies. These data, however, provide the best estimates for the spread of HIV in the region, and researchers are working to improve surveillance methods. USAID supports local governments and local nongovernmental organizations to undertake better and more diverse behavioral surveillance surveys.

FOR MORE INFORMATION

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*Prepared for USAID by Global Health and Development Strategies/Social & Scientific Systems, Inc.,
under The Synergy Project*

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February 2004

